



## Communication Release

9/22/2023

---

### FY23-24 Claim Blackout Lifted & New Fiscal Year Reminders

**The claiming blackout for fiscal year 2023-2024 is lifted as of Friday 9/22/2023. As a reminder, the authorization submission blackout was previously lifted on 9/12/23. Providers can and should submit authorizations and billing for FY 2023-2024 services as well as to continue to submit claims for the prior fiscal year.** Important information regarding changes for the new fiscal year configuration are noted below. Please be sure to read the information carefully.

#### **Grace Period for authorization submission timelines for authorization start dates of 7/1-9/11/2023**

UM implemented a temporary grace period for late submission of service authorizations with start dates 7/1/2023-9/11/2023. Providers will have until 11/30/2023 to submit these authorizations and will not be subject to late authorization submission deadlines. However, authorizations with start dates 9/12/2023 and on will be subject to our 30-day submission policies. As a reminder, medical necessity documentation was to be completed timely, and will be subject to date modifications if outside of the expected timeframes. Additionally, UM is working expediently to review service authorizations submitted following Sage-PCNX go live/authorization blackout lift. Service authorizations are generally reviewed in the order that they were received. Providers should expect some delays, your patience is appreciated as we work to review the current backlog. Providers are reminded to not submit claims on pending authorizations. Ensure authorizations are approved before submitting claims.

#### **Split Authorization Numbers**

Please note that authorizations spanning the current fiscal year and the new fiscal year are referred to as "split authorizations." This means that the authorization for the patient will have two different authorizations and different authorization numbers for the different fiscal years.

**Secondary Providers:** When preparing billing for the new fiscal year, please ensure your EHR is updated with the new provider authorization numbers and benefit plan for the 2023-24 fiscal year for these split authorizations. New pauth numbers for split authorizations are already available for providers to access via Sage-PCNX MSO Provider Configuration 2023+ report. If the prior fiscal year's authorization number is submitted for the patient for the new fiscal year, providers will receive local denials with the coverage denial reason, "Invalid authorization number," and denial code CO284 M62. The resolution for these denials is to update the authorization number for the current fiscal year and resubmit these claims.

---

### End Dating Authorization Requests Fiscal Year 24-25 Auths

Provider contracts will expire on 6/30/2024 due to contract lengths being five years as set by Los Angeles County. SAPC is working to renew provider contracts with the County, which requires several steps and approval by various County entities. Due to provider contracts ending on 6/30/2024, SAPC QI & UM requests that all OTP authorizations with an end date beyond FY23/24, are end dated at 6/30/2024. This will allow timely processing of those authorizations.

If the auth request end date extends beyond the current fiscal year, the system will attempt to create a split authorization, which requires a contract to select. Because there is no contract in Sage beyond FY23/24, the authorization cannot be processed. Once the new contracts are approved by the County and entered into Sage then SAPC will work with providers on a process to create those split authorizations for services with end dates beyond 6/30/2024. At this time, this will only impact OTP authorizations as the contract period is only for one year. Starting in January 2024 all outpatient authorizations will require the same end date.

---

## Recoupment of Transitional Payments

Due to delays with cut-over and configuration of Sage-PCNX, SAPC issued transitional payments to providers. With the lifting of authorization and claims blackouts for FY23-24, SAPC is scheduled to recoup those transitional payments in totality:

- Transitional payments issued in August 2023 will be recouped in November 2023.
- Transitional payments issued in September 2023 will be recouped in December 2023.

---

## Secondary Providers: Submitting Claims with Limit of Four Modifiers

Providers are reminded that for a transaction to be HIPAA-compliant, a procedure code cannot use more than four modifiers. In situations where the procedure code exceeds four modifiers remove the telehealth modifiers.

---

## REMINDER: PCNX Claim Testing for Secondary providers

PCNX TRAIN has been configured and is currently available for secondary providers to test billing and claim submittal. Instructions for billing testing were sent to Sage Liaisons on Monday, 08/21/23. Please be advised that fees and configurations in the TRAIN environment are not meant to match your actual configurations in LIVE; these are for testing purposes only. If you have any questions about PCNX only, please reach out to [sage@ph.lacounty.gov](mailto:sage@ph.lacounty.gov). If you have 837 questions, please reach out to Lina Tsatryan [Itsatryan@ph.lacounty.gov](mailto:Itsatryan@ph.lacounty.gov) and [SAPCFinance@ph.lacounty.gov](mailto:SAPCFinance@ph.lacounty.gov) If needing assistance with denials please submit an e-mail to [SAPCFinance@ph.lacounty.gov](mailto:SAPCFinance@ph.lacounty.gov).

---

## PCNX User Guides and Resources

SAPC prepared [user guides and resources](#) to support providers in adjusting to the new features and functionality. Providers are encouraged to access these documents to become more familiar with PCNX. The Sage-PCNX page contains: [Sage-PCNX Reports Guide](#), [Sage-PCNX FAQ](#), [Sage-PCNX Progress Note Guide](#), [Sage-PCNX Service Authorization Request Guide](#), [PCNX TRAIN Finance and Billing User Guide](#), [PCNX Clinical Documentation Guide](#), [PCNX Navigation User Guide](#), [PCNX TRAIN Guide Admissions and Intake Forms](#), along with previously recorded trainings.

Additionally, there are two types of office hours available that do not require registration. Join in to ask specific questions and connect with fellow providers.

- Thursdays at 1pm- Billing office hours
- Fridays at 10am- PCNX office hours (the system, not policy or rate matrix interpretation)

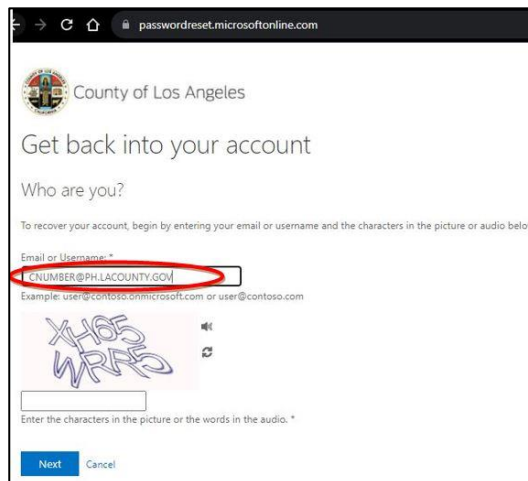
The links to training resources and the training calendar can be found on the SAPC Training Calendar: <http://publichealth.lacounty.gov/sapc/providers/trainings-and-events.htm?tm>

**Providers should consult these user resources before submitting a help desk ticket.** While Sage Help Desk agents can aid in problem solving, they will not be able to provide users individual training on how to use Sage-PCNX. If the information being sought cannot be found in the user guide or training resource, please contact the Sage Helpdesk for further assistance <https://netsmart.service-now.com/plexussupport>.

## PCNX Login Reminders and Tips

SAPC is reminding providers of the following tips to ease uninterrupted access to PCNX:

- **PASSWORD EXPIRATION AND RESET:** Los Angeles County Security Policy mandates that providers update their c-number password every three (3) months ([County Fiscal Manual Policy 8.7.4.3](#)). Users will receive notification that their password will expire and prompts to reset their password starting fourteen (14) days prior to expiration.
  - If a user's password expires they can reset their password at [passwordreset.microsoftonline.com](https://passwordreset.microsoftonline.com)



- **PERIODS OF INACTIVITY:** Users should login to PCNX periodically to prevent their c-number from becoming inactive. Users are advised to log into PCNX at least every 3 months to prevent their c-number from becoming inactive.
- **SYSTEM CODE SELECTION:** Users must select their agency in the System Code drop down in order to login to PCNX and view their agency's patients. **Do not use the "PCNX" system code.** Example:

**System Code**

Select System Code ▼

~~PCNX : c189558~~ **DO NOT USE THIS CODE**

SUPR Services, Inc (SUPR) : c189558

**AUTHORIZATION DATES:**

Providers have been submitting authorizations with the dates of services being one (1) day off impacting the subsequent reauthorization dates. This creates additional UM processing delays

Users are instructed to enter authorization dates as follows:

<b>Begin Date of Authorization</b>	<b>Required field.</b> Enter the start date of the authorization.
<b>End Date of Authorization</b>	<b>Required field.</b> Enter the end date of the authorization. Quick tip: "t+#" will calculate the end date. A specific date may also be entered followed by "+#" and it will add the number of days to the date entered.  <i>Note: Sage counts the entered date as day 1.</i> <ul style="list-style-type: none"> <li>• If the authorization is meant for 30 days enter DATE+ 29.</li> <li>• If the authorization is meant for 6 months enter DATE + 179.</li> <li>• If the authorization is meant for 1 year enter DATE + 364.</li> </ul>

**How to Get Assistance if You Are Having Trouble Logging In**

If providers experience issues logging in to PCNX with their c-number, correct password, and correct System Code selected, please call the Sage Help Desk Phone Number (855) 346-2392 for assistance.

**Process to Access Historical Attachments in Sage**

In the transition to Sage-PCNX, providers are currently unable to see attachments uploaded through Sage ProviderConnect Classic. All attachments are in the system and have not been lost but are not currently visible to providers. SAPC is working with Netsmart to convert historical attachments to be visible in PCNX.

In the interim, SAPC has added a form that will show the name of the historical attachments to verify that they are still present. This form is called **ProviderConnect File Attach** and has been made available to all relevant user roles. Providers can use this form to view file names for any previously uploaded attachments from ProviderConnect Classic. New attachments cannot be uploaded to this form.

Providers are advised to submit a ticket to the Sage Helpdesk to request documents needed for audit purposes or to verify eligibility information and specify the files needed. When creating a Sage Helpdesk ticket, providers should reference the file name(s), as described on the ProviderConnect File attach form, that are being requested. Sage Helpdesk will attach the requested files to the actual ticket. Once files are made available via the Helpdesk ticket then providers can download copies. Please only request access to attachments that are needed immediately. Sage Helpdesk will not be able to download all attachments for all patients at this time and are prioritizing those that are needed for audit or eligibility purposes. All other requests will be evaluated by SAPC for approval.

SAPC continues to work on restoring visibility and access of attached files for providers and will notify providers as soon as a resolution has been implemented.

## Billing for H0049 and H0049-N has been updated to align with DHCS Policy

This is a reminder that the rate for screening has been aligned with DHCS policy. H0049 is to be used with screenings for individuals who are admitted to care while H0049-N continues to be used to pay for the provider time to administer a screening for patients who have not been admitted to treatment. The Screening Guide will be updated to align with this new policy change. Please refer to the newest version of the [Rates and Standards Matrix](#) for specific rules regarding the H0049 and H0049-N HCPCS codes.

## Crosswalk Services to Recovery Services Available Codes

SAPC is working with DHCS to update guidance regarding a discrepancy within Recovery Services allowable services and allowable billing codes. According to BHIN 23-001, allowable services under RS include, Assessment, Care Coordination, Counseling (Group and Individual), Family Therapy, Recovery Monitoring and Relapse Prevention. However, under CalAIM, Recovery Services only has two allowable billing codes: H2015 and H2017. While this discrepancy is being investigated and resolved at the State level, SAPC is providing the following guidance for how to claim the allowable services under CalAIM for Recovery Services.

Allowable Recovery Services Billing Code FY23/24 Crosswalk To:	Previous Service and Billing Code Crosswalk From:
Psychosocial Rehabilitation, per 15 minutes	Assessment (H0001)

H2017	Group Counseling (H0005)
	Individual Counseling (H0004)
	Family Therapy (90846/90847)
Comprehensive community support services, per 15 minutes H2015	Care Coordination (T1017)
	Recovery Monitoring (H0038-R)
	Relapse Prevention (H0038-S)

---

## PCNX Forms, Reports and Widget Updates

SAPC has received various enhancement requests from providers since the launch of PCNX, which are being evaluated. The following items have been approved and will be updated or released in Sage the week of 9/25/23 or sooner.

1. *Client Picture form*- Available immediately for all user roles.
2. *ASAM Continuum in Draft widget*- Updated to allow for undocking- Available immediately.
3. *Problem List/Tx Plan in Draft widget*- Available week of 9/25/23 to LPHA users to identify Problem Lists/Tx Plans needing review and finalization for the agency.
4. *Documents Requiring Co-Signature Report*- Available week of 9/25/23 for applicable users to identify different clinical documents where the form has been flagged for LPHA review/finalization.
5. *Sage-PCNX Resources widget*- contains links to various PCNX related guides- Available immediately
6. *Client Episodes widget*- Available week of 9/25/23 on the Client Dashboard to show all open episodes for a given patient for enhanced care coordination between providers.

To submit an enhancement request for desired functionality or updates to current areas of PCNX, submit a Help Desk and select Enhancements as the asset type.